

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

WILLIAM ALLEN NEWSOM

COURT CASE NUMBER

CV 05-673-GMS

DEFENDANT

PAUL HOWARD (ET. AL)

TYPE OF PROCESS

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SECURITY SUPERINTENDENT CUNNINGHAM

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

245 MCKEE ROAD DOVER, DE. 19904

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

WILLIAM A. NEWSOM
S.B.E. # 257317
DELAWARE CORR. CNTR.
1181 PADDOCK RD.
SMYRNA, DELAWARE 19977Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.

2006 JUN - 1

FILED
DISTRICT OF DELAWARE

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

PAUPER CASE

OF DEFENDANTS
COPY FOR ATTORNEY GENERAL
TOTAL: 8* SECURITY SUPERINTENDENT CUNNINGHAM
NO LONGER WORKS FOR D.O.C., D.O.C.
ADMIN. OFFICE AT 245 MCKEE ROAD DOVER, DE. 19904
WILL HAVE TO SIGN FOR HIM.

Signature of Attorney or other Originator requesting service on behalf of:

William A. Newsom

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

4-19-06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. _____

District
to Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

TK

Date

4-28-06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

5/31/06

Time

am

pm

Signature of U.S. Marshal or Deputy

TK

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Insufficient address
DOC will not accept service.